

SECTION 6 - CLASSIFICATION OF OPERATIVE WOUNDS

I. GENERAL INFORMATION

A. Wound classification assists in determining the extent of wound contamination during surgery and provides a tool for determining whether a surgical site infection is nosocomial or community-acquired. The classifications presented here are recommended by the American College Board of Surgeons.

II. SPECIFIC APPLICATION OF SURGICAL WOUND CLASSIFICATION

A. All surgical cases performed at DeWitt Army Community Hospital will be classified by the circulating nurse as advised by the performing surgeon in the patient medical record on the Medical Record Intraoperative Document, DA Form 5179-, in the comments section.

1. Classifications

a. Clean Surgery **Class I** has the least potential for contamination during surgery.

(1) No inflammation or infection encountered.

(2) Respiratory, alimentary, biliary, and genitourinary tracts are not entered.

(3) Non-traumatic wound.

(4) No breaks in sterile technique.

(5) Examples of clean (**Class I**) surgical procedures include, but are not limited to, the following:

Adrenalectomy

Cardiac

Op.muscle, fascia, tendons

Orchiopexy

Cesarean section-elective

Orthopedics (reconstructive)

Ear Surgery

Pancreatic surgery

Eye Surgery

Plastic Surgery

Herniorrhaphy

Splenectomy

Laparotomy (bowel not entered) Thyroid/parathyroid surgery

Mastectomy (uninflamed)

Tubal/Ovarian

Neurosurgery

Vascular surgery

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(5) Placement

- Patients in this category may room with each other.
- May be placed with patients at high risk for acquiring infection and other types of non-surgical patients. A post-op hernia patient could be placed with a brittle diabetic.
- May be placed with clean-contaminated (**Class II**) patients if necessary. For example: A patient s/p Lap Chole could be placed with a mastectomy patient.
- Do not place with contaminated or dirty surgery cases.

b. Clean-contaminated Surgery **Class II** - Clean, but endogenous flora is involved.

(1) Gastrointestinal, genitourinary, and/or respiratory tracts entered under controlled conditions; no significant spillage or unusual contamination occurs.

(2) A non-traumatic wound; no inflammation encountered.

(3) A **minor** break in sterile technique occurred.

(4) Examples of clean-contaminated surgical procedures:

- APPENDECTOMY (INCIDENTAL) -NO INFLAMMATION OR PUS SEEN
- HYSTERECTOMY OR HYSTEROTOMY
- BOWEL RESECTION -(NO SPILLAGE INTO PERITONEAL CAVITY) \
- LUNG SURGERY - (NO INFECTION SEEN)
- BLADDER AND URETERAL SURGERY
- NOSE/THROAT/LARYNGECTOMY
- CHOLECYSTECTOMY /LAP CHOLE (ELECTIVE)
- SUPRAPUBIC PROSTATECTOMY
- CESAREAN SECTION-AFTER TRIAL LABOR
- VAGINAL HYSTERECTOMY
- VAG DELIVERY-PROM< 24HR.
- HEMORRHOIDECTOMY
- THERAPEUTIC ABORTION
- DENTAL SURGERY
- GASTRECTOMY
- D AND C
- TRACH
- TURP -

(5) Placement

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- (a) Patients in this category may be placed together.
- (b) May be placed with patients at high risk for acquiring infection and other types of non-surgical patients.
- (c) May be placed with clean surgery patients.
- (d) Do not place with contaminated or dirty patients.

c. Contaminated Surgery **Class III** has increasing chance for postoperative infectious complications.

- (1) Acute inflammation seen - without frank pus.
- (2) Operations with **major** breaks in sterile techniques.
- (3) Gross spillage from GI tract occurs.
- (4) The GU or biliary tracts are entered in the presence of infected bile or urine
- (5) Traumatic wound less than 8 hours old from a relatively clean source.
- (6) Examples of **Class III** surgical procedures include, but are not limited to:
 - Acute Appendicitis
 - Acute cholecystitis
 - Incision and drainage of abscess
 - Gun shot wound (fresh, without perforated bowel).
 - Rectal Surgery
 - TUR or suprapubic prostatectomy with positive pre-op urine culture.
 - Vaginal or Cesarean section deliveries with PROM 24 hours.
- (7) Placement. Patients in this category may be placed together.

d. Dirty Surgery Class IV - Existing acute bacterial infection or a perforated viscera is encountered (clean tissue is transected to gain access to pus).

- (1) Traumatic wound-old (over 24 hours) with retained devitalized tissue.
- (2) Fecal contamination, foreign body or retained, devitalized tissue is present.
- (2) Placement -Patients in this category may be placed together, unless otherwise indicated as in the Disease-Specific precautions table.
- (b) Do not place with surgical patients in any other category.

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- (c) Do not place with immunocompromised patients.
- (d) May place with non-surgical patients who are not immunocompromised, if there is no drainage.

(4) Examples include but are not limited to:

- Incision and drainage of abscess or debridement of wound
- Reduction of compound fractures
- Ruptured appendix
- Amputation of gangrenous extremity
- Exploratory lap with peritonitis found